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CONFIRMATION NO. 5495

<b>SERIAL NUMBER</b> 10/727,021	<b>FILING OR 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> JJPR-0043
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*OLC 9/26/06 FH*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/642,852 08/21/2000 PAT 6,855,560 which is a DIV of 09/167,354 10/07/1998 PAT 6,136,559  
*None FH 9/26/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Examiner's Signature</i> <i>Initials</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 17 13	<b>INDEPENDENT CLAIMS</b> 8 3
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**ADDRESS**  
23377

**TITLE**  
DNA encoding a human histamine receptor of the H3 subtype

<b>FILING FEE RECEIVED</b> 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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